

PITT COUNTY BOARD OF COMMISSIONERS  
GREENVILLE, NORTH CAROLINA  
August 19, 2008 MINUTES

Joint Meeting  
With  
The EMS Oversight Committee

The Pitt County Board of Commissioners met with the EMS Oversight on Tuesday, August 19, 2008, at 6:00 PM in the AHEC Building, Greenville, North Carolina.

**Commissioners present:**

Mark W. Owens, Jr., Chairman  
Melvin McLawhorn, Vice Chairman  
Beth Ward, Commissioner  
Eugene James, Commissioner  
Jimmy Garris, Commissioner  
Kenneth Ross, Commissioner  
Tom Johnson, Commissioner

Commissioners absent:

David Hammond, Commissioner  
Tom Coulson, Commissioner

Staff present:

Scott Elliott, County Manager  
Patricia Staton, Clerk to the Board  
JoAnne Burgdorff, County Attorney  
Melone Bryant, Deputy County Manager/Financial Services  
Michael Taylor, Deputy County Manager/Chief Information Officer  
Phil Dickerson, Deputy County Manager/Public Services  
Helen Bryant, Administrative Assistant  
Noel Lee, Emergency Management Director  
Janis Gallagher, Assistant County Attorney

**EMS Oversight Members/Liaisons Present:**

David Lusk, Chairman  
Faye Barefoot, Member  
Tom Czaplijski, Member  
Jack Cote, Member  
Kyle Willis, Member  
Chuck Owens, Member  
Ted Delbridge, MD, Member  
Jack White, Member

Call to Order

## Meeting Notes

Chairman Owens called the meeting to order for the Pitt County Board of Commissioners. Chairman Lusk called the meeting to order for the EMS Oversight Committee.

### Invocation and Pledge

The Invocation was offered by Vice Chairman Melvin McLawhorn and the Pledge of Allegiance was led by Commissioner Tom Johnson.

### Approval of Agenda

#### Motion:

Motion to approve agenda as submitted.

Motion made by Commissioner Jimmy Garris.

Motion seconded by Commissioner Tom Johnson.

Motion Passed Unanimously.

Chairman Owens thanked each member of the EMS Oversight Committee for their work. Mr. Scott Elliott introduced Jay Fitch.

## What We Were Asked to Do

- Examine emergency & non-emergency system, reviewing both operational & administrative components
- Identify internal issues & improvement opportunities
- Examine County's option for entering into non-emergency service



## What We Were Asked to Do

- County's ability to provide 10 minute response times with 90% reliability
- What response time could be achieved with current expenditures of \$3.2 million annually



## Project Approach

- Data collection
- Agency survey; Information and Data Request (**IDR**)
- Stakeholder interviews
- On-site visit
- Follow up information obtained
- Comparison to industry benchmarks
- Report & summary presentation

# Current Nationwide Context

## National Academies of Sciences Institute of Medicine Report

- Insufficient Coordination
- Disparities in response times
- Uncertain quality of care
- Lack of disaster readiness
- Divided professional identity
- Limited evidence base

# System Description

- **Emergency Ambulance Services**
  - Emergency Communications provided by County
  - 11 rescue response districts
  - 8 non-profits, 2 Pitt County EMS, 1 Greenville Fire & Rescue
  - Calendar Year 2007: 23,125 dispatched calls
- **Non-Emergency Ambulance Services**
  - Franchised with 5 for-profit non-emergency providers  
*Effective 01 July 2008: 4 non-emergency providers*
  - Each agency provides their own communication center
  - County does not subsidize for-profit services
  - Calendar Year 2007: 10,750 patient transports



## Key Findings

- Strong historic commitment
- Response times not adequately measured
- Unit status reporting can be improved
- Utilization of peak demand units
- Formalize medical direction oversight
- Consider ad valorem tax in all areas of the County
- Consider risk associated with non-e entry
- Utilization of QRV units in late call areas

**32 Specific Recommendations to Strengthen System**

## 911 Medical Communications

- Single access point
- Staff are EMD certified
- Medical Director oversight
- Internally developed CAD
- EMD/pre-arrival instruction established

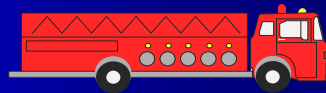
**1. Consider National Academies of Emergency Dispatch accreditation**



## First Responders

- No formalized requirements for agencies to provide first response
- One QRV—industrial park
- Six QRV GFR—fire engines within the city limits

**1. Should consider development of formalized medical response system in areas exceeding response time benchmarks**



## Medical Transportation

- Response time measurement utilizes the average method—Not the fractile method
  - 8 minutes 22 seconds (including GFR)
  - 9 minutes 49 seconds (excluding GFR)
- Limited awareness of vehicle availability
- No vehicle replacement plan
- Blend of paid and volunteer staff
- CAD and ePCR disconnect

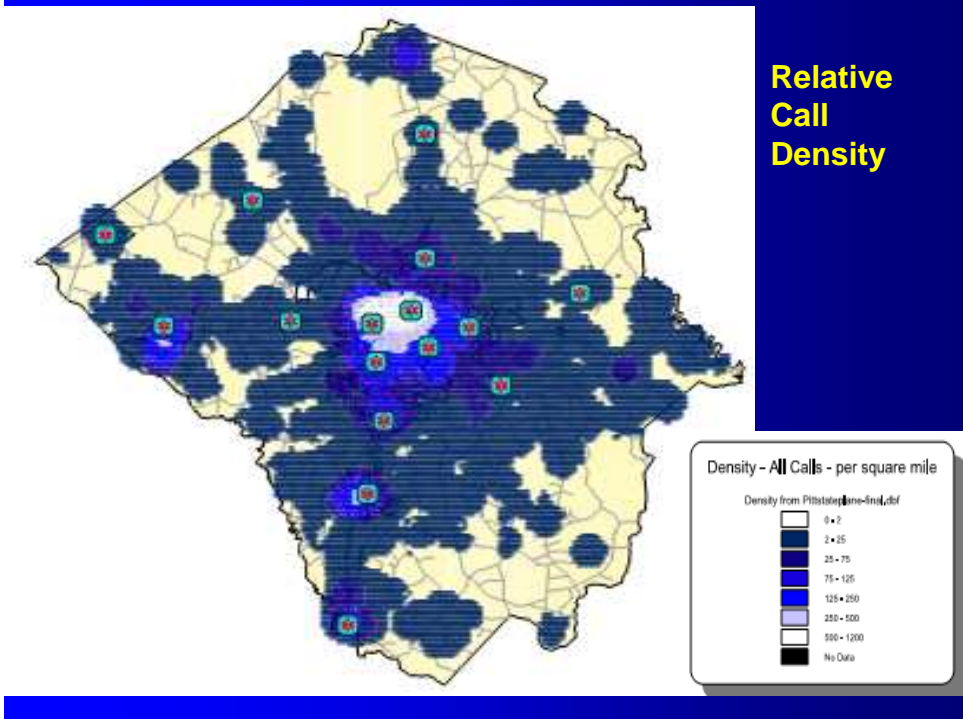


## Medical Transportation

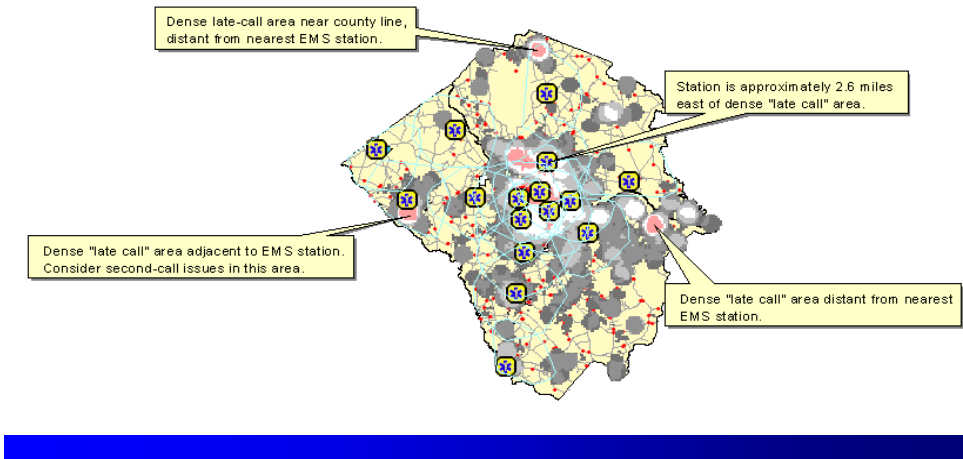
1. Determine response time compliance and measure based on fractile method
2. Response elements tracked and reported monthly
3. Standardized methodology for reporting unit status
4. Pro-actively report response availability and status
5. Explore use of Automatic Vehicle Locator (AVL) technology
6. Geographic and temporal demand data queries should be developed
7. Develop IT linkage with CAD and ePCR
8. Develop reconciliation process between CAD, ePCR, and A/R system

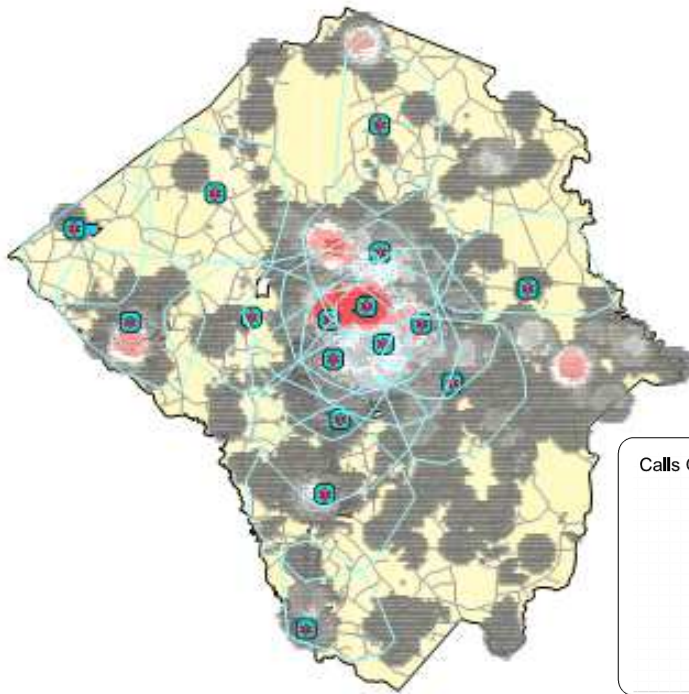
## Medical Transportation

9. Capital replacement program for vehicles and high cost medical equipment.
10. Consideration for peak demand in City.
11. Consideration of peak demand units within dense late call areas.
12. Utilization of QRV units in remote county districts to mitigate late calls.

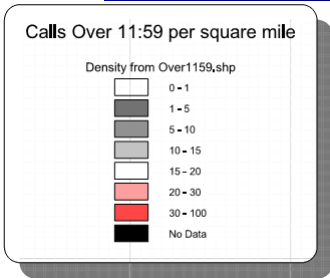


# Response Intervals





**Late Calls  
Per Square  
Mile**



## Medical Accountability

- Dedicated Medical Director
- No established contract for medical direction
- QM reporting should be extended to all stakeholders

1. Establish written job description, memorandum of understanding and/or contract for medical direction
2. QM reporting to all stake holders, including EMS Oversight Committee
3. Purchase additional program license to enable stakeholders access to ePCR data.



## Customer & Community Accountability

- Service agreements
- Loosely weaved quilt; strategic and operational
- Monthly reporting of agency performance to key stakeholders

- 1. Revise service agreements to strengthen oversight and accountability.**
- 2. Explore opportunities for economies of scale**
- 3. Reaffirm County's role as governing agency and responsibility for system performance.**
- 4. Monthly reporting of agency performance**



## Prevention & Community Education

- Limited community education and awareness
- Citizens and community stakeholders have limited information on service performance.

- 1. Identify resources to improve community awareness of EMS.**
- 2. Promote higher profile of EMS in the community.**
- 3. Distribute annual report to elected officials and community stakeholders.**



## Organizational Issues

- Strengthen County as the lead agency responsible for EMS operations
- QM is clinically focused

1. Reaffirm/Expand lead agency role.
2. QM should present orientation to the process to all system participants.
3. Expand existing QM indicators to include operational parameters.
4. Report system QM indicators to participants and local government.
5. Additional licenses so all stakeholders can access ePCR

## Ensuring Optimal System Value

- Value is clinical, customer and economic
- Ad valorem tax \$0.04 per \$100 assessed value (City of Greenville excluded)
- Centralized billing services

1. Expand outcome oriented information that accurately portrays impact of EMS service to patients.
2. Determine equitable mechanism to tax all areas of the County.
3. Annually adjust charges to maximize reimbursement potential.



## Thinking About the Future...

### Over 20 Common Models of Service Delivery

#### Must be consistent with guiding principals of EMS system design

- Accountability
- External oversight
- Full cost accounting & disclosure
- Designed for efficiency over time

#### Design considerations also include-

- Achievement of improvement recommendations
- Optimal service within pre-determined cost envelope
- Opportunity for continued involvement of community squads that meet defined standards
- Overarching emphasis on system needs vs. squad
- Scalable & sustainable for the future

## Could the County compete with existing non-emergency ambulance providers?

- 10% market capture
- Additional net revenue \$276,326
- Staffing one unit would result in a loss of \$381,00 per year

## **Could the County become sole provider of non-e services?**

- 33,593 unit hours to serve volume
- Unit hour utilization; approx. .30-.32
- Potential net revenue gain; \$75,000-\$243,000
- Risk outweigh nominal financial gain
- Displacement of 4 businesses in Pitt County

## **What is the County's ability to provide 10 minute response times with 90% reliability?**

- Currently does not measure fractile response method
- Estimated that 90<sup>th</sup> percentile could be reached between 14-16 minutes
- 10 minute at 90<sup>th</sup> percentile would require additional subsidy

## **What response time could be achieved with expenditures of \$3.2 million annually?**

- Units are reasonably placed currently
- Geographic boundary design creates deployment challenges
- Without additional subsidy, high end optimization is being provided
- Strong consideration should be considered towards factors that will impact current optimization

## **Future Organizational Options**

1. Strengthening the current model through structured change approach
2. County operated e-services (excluding GFR) and Countywide non-e system
3. County operated integrated system including services currently provided by GFR

Vice Chairman McLawhorn was excused from the meeting at 6:45pm.

Commissioner James said he represents north of the river and Belvoir has the largest population. He asked what could be done to help out the citizens in this area. Mr. Jay Fitch responded that the current system did not capture the data to make this decision. He reported it will take six

months to be able to gather enough data to make that decision. He also reported that a Quick Response Vehicle is designed to be used in rural areas. Commissioner James said the Quick Response Vehicle is a good way to address the greater than 10 minutes response times in the peak demand areas. The citizens will need to be educated.

Commissioner James asked what part of the 23,000 emergency calls were not true emergency calls. Mr. Jay Fitch said this cannot be measured with the present system. He reported that a part of national accreditation is a tiered level of dispatching calls.

Commissioner Tom Johnson asked if there are other issues that present a problem other than geography and location of units for the county. Mr. Fitch reported that the issue of "turf" and the need for the county to take a strong position for all agencies to sit together and make decisions regarding what is good for the county not what is necessarily in the best interest of the individual agencies.

Commissioner Tom Johnson commented on the volunteers in the system. Mr. Fitch reported it is not unusual for a county to have a volunteer program. He said volunteers have kept the cost of the EMS system down in Pitt County but as the volunteer numbers dwindle, the cost of providing the service increases.

Chairman Owens responded to a remark made about community awareness. He said to spark community awareness would be to tell a unit you will take their EMS unit away. Chairman Owens said the Fitch Study only deals with 90%, what about the other 10%. He said the Board of Commissioners or the Oversight Committee would never infer they are going to give up on anyone. Chairman David Lusk stated the EMS Oversight Committee recommends to the Board of County Commissioners accept the Fitch Report.

Motion:

Accept the Fitch report and the EMS Oversight Committee will prioritize the recommendations by short range, intermediate, and long range and bring suggestions back to the Board of Commissioners.

Motion made by Commissioner James

Motion seconded by Commissioner Ross.

Motion passed.

The meeting adjourned at 8:35pm.

Respectfully submitted,

Patricia Staton  
Clerk to the Board